U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays availd OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Decket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) Ćolumn 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA AMENDMENT** AFTER **PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR X S Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** ENDMENT **PREVIOUSLY** TIONAL AFTER TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus = X \$ OR X \$ ξ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER **PRESENT** RATE ADDI-RATE ADDI-AFTER AMENDMENT EN PREVIOUSLY **EXTRA** TIONAL TIONAL PAID FOR FEE FEE Total Minus ENDM (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X S X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3", The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PRICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Prication or Docket Number  10 10 10 10 10 10 10 10 10 10 10 10 10 1							
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY							
TOTAL CLAIMS	37		RAT	E FEE	]	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC	FEE 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	.22 minus 20= · 2		XS	9=	OR	X\$18=	34
INDEPENDENT CLAIMS	5 minus 3 =	. 3	XAC	<b>)</b> =	OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT			+13	5-	OR	+270=	
" If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 904							GOL
GLAIMS AS AMENDED - PART II OTHER THAN							
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY							
CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  Total	NIUA PREVI	MEST  MBER PRESENT  CUSLY EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • 22	Minus -	22 - 0	XS		OR	X\$18e	
Independent •	Minus •••	5 - 0	X40	-		X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+13	_	OR	+270=	
TOTAL OR TOTAL							
AUDIT. PER							
(Cotumn 1) CLANS REMAINING AFTER AMENDMENT	HIG MUI PREV	HEST HEST HOUSLY FOR	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AFTER AMENDMENT OF TOTAL OF TO	Minus		X\$	9= ·	OR	X\$18=	1
Independent •	Minus •••	•	X40	<u>_</u>		X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270=							
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(Column 1)	(Coli	ımı 2) (Çolumi 3)			_		
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Total • Independent •	Minus ••	•	XS	-	OR	X\$18=	. 7
tndependent •	Minus •••		X40	) <del>-</del> .	OR	ivon	
FIRST PRESENTATION OF MUCLIPLE DEPENDENT OF CHIEF							
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Richest Number Previously Paid For" IN THOS SPACE is less than 20, enter "20."  APOUT SEE							
The Tilghest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."  The Tilghest Number Previously Paid For (Total or Independent) is the highest number tound in the appropriate box in column 1.							

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